

Montana K-12 Schools  
CONDITIONAL ATTENDANCE FORM  
MONTANA SCHOOL IMMUNIZATION LAW  
Montana School Immunization Law (MCA 20-5-402 through 410)  
School Immunization Rules, Revised June 11, 1993 (ARM 16.28.701 through 16.28.714)

**I. This section to be filled out by school official.**

Pupil's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

***I certify the above named pupil has received at least one or more doses of the required vaccine(s) and legally is eligible for conditional attendance.***

Signature (School Official): \_\_\_\_\_ Date: \_\_\_\_\_  
(Please include title)

**II. This section to be filled out by physician/health department official.**

***I certify that I have established an immunization schedule noted below for the required vaccines for the above named student.***

Signature (Health Official): \_\_\_\_\_ Date: \_\_\_\_\_  
(Please include title)

Please enter the information related to the next vaccine dose(s) due, by vaccine type and date in the spaces below. Please return the immunization record card to the parent.

**VACCINE TYPE(S) NEEDED**

**example: Polio, MMR, DTP**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOSES DUE/EXCLUSION DATE**

**10/20/90**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. This section to be signed by parent/guardian:**

***I understand that my child is allowed to attend school on a conditional basis and agree to have my child vaccinated as required, meeting the deadlines as stated above. I also understand that due to Montana Law and Administrative Rule my child will not be allowed to attend school in Montana if I do not agree to this condition and provide the required documentation within the required deadlines.***

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

A pupil may be allowed to conditionally attend school on the condition he/she has:

1. Received one or more doses of each of the required vaccine(s) and
2. Will continue to receive the remaining doses on the schedule set above.

**The immunization schedule for completion of the required vaccinations is to be established by a physician or health department documenting the type of vaccine and the date the next dose is due. This is to be documented on this form and on the immunization record card. It is the parent/guardian's responsibility to ensure each vaccine deadline is met and provide documented proof to the school.**

If a person conditionally attending school fails to complete the immunization(s) within the time period indicated, he/she must either qualify for and claim an exemption or be excluded immediately from the school by the school administrator or that person's designee.

## INSTRUCTIONS

### I. K-12 SCHOOL:

1. Prior to school attendance, all students must have:
  - a) documentation of the required immunizations, or
  - b) an appropriate exemption.
2. Request documentation of the pupil's immunization status.
3. Transfer the pupil's immunization information to STATE OF MONTANA-CERTIFICATE OF IMMUNIZATION (HES 101).
4. Return the pupil's immunization record to the parent/guardian. It is the parent/guardian's responsibility to maintain the physician/health department provided immunization record (i.e. Official Montana Immunization Record).
5. Section I of this form (HES-103B) needs to be completed by the school official.
6. Have parent/guardian read and sign Section III of this form.
7. Give this form to the parent/guardian with instructions to have the immunization schedule established for the missing vaccine dose(s) and signed by the physician/health department official.
8. When this form is completed it is to be returned to the school by the parent/guardian. This form is to be attached to the HES 101 and kept in the pupil's permanent school record. The parent/guardian is to be provided with a copy of this form.
9. The HES 101 needs to be updated as the vaccine dose(s) are given in compliance with the established immunization schedule.
10. A pupil failing to complete the immunization(s) as scheduled, must qualify for and claim an exemption **or be excluded immediately from school by the school administrator or designee.**

### II. PHYSICIAN/HEALTH DEPARTMENT:

1. The physician/health department will establish the immunization schedule for the missing vaccine dose(s) and enter the schedule in Section II on this form (HES-103B). Vaccine type and date the dose(s) are due must be noted on this form AND on the Official Montana Immunization Record. After the immunization schedule has been established and signed by the physician/health department this form is to be returned to the school by the parent/guardian.
2. It is the parent/guardian's responsibility to retain the Official Montana Immunization Record. This record card should be kept permanently to expedite school entry. The Official Montana Immunization Record must be updated each time the pupil receives an immunization.

### III. PARENT/GUARDIAN:

1. It is the parent/guardian's responsibility to provide documentation of the pupil's immunization status to the school.
2. If the parent/guardian does not have a personal copy of the wallet size Official Montana Immunization Card they should contact the physician/health department to obtain one. It is the parent/guardian's responsibility to retain the pupil's immunization record card. This record card should be kept permanently to expedite school entry. This immunization record card should be updated each time the pupil receives an immunization.
3. After Section I of this form has been completed by the school official, please read and sign Section III.
4. Immunizations are available either from private physicians or public clinics. It is the parent/guardian responsibility to contact physician/health department for establishing the immunization schedule and/or receive the missing immunization(s).
5. When Section II of this form has been completed and signed by the physician/health department it is to be returned to the school by the parent/guardian.
6. Obtain a copy of this completed form from the school for ready reference and compliance with the established immunization schedule.
7. When the pupil has received the required vaccine(s) the parent/guardian is to bring the signed/stamped immunization record from the physician/health department to the school.
8. It is important to comply with the established immunization schedule to avoid any interruption in school attendance, i.e., **possible exclusion.**

**NOTE:** Questions regarding the use of this form should be directed to the local public clinic, local health department or the Montana Immunization Program (444-5580).